EPA

POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION	SITE NUMBER (To be assigned by HQ)
6	TXD 1970

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition *(Section II)*. File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force *(EN-335)*; 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION TXD 087570051

A. SITE NAME	B. STREET (or other identifier)		
FMC Corporation	12000 Bay Area Blvd.		
C. CITY	**D. STATE**	**E. ZIP CODE**	**F. COUNTY NAME**
Pasadena	TX	77507	Harris

G. SITE OPERATOR INFORMATION

1. NAME		2. TELEPHONE NUMBER	
same as above		(713) 474-4171	
3. STREET	**4. CITY**	**5. STATE**	**6. ZIP CODE**

H. REALTY OWNER INFORMATION *(If different from operator of site)*

1. NAME		2. TELEPHONE NUMBER	
FMC Corporation		(312)861-6000	
3. CITY		**4. STATE**	**5. ZIP CODE**
Chicago		IL	60601

I. SITE DESCRIPTION
17.0 ac H_2O_2/Glycerine Production Plant on 434 ac; SIC 2819 and 2869

J. TYPE OF OWNERSHIP
☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE

II. TENTATIVE DISPOSITION *(complete this section last)*

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.)	B. APPARENT SERIOUSNESS OF PROBLEM
	☐ 1. HIGH ☐ 2. MEDIUM ☐ 3. LOW ☒ 4. NONE

C. PREPARER INFORMATION

1. NAME	2. TELEPHONE NUMBER	3. DATE (mo., day, & yr.)
James P. Fox	713/479-5981	4/24/81

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME	2. TITLE	
James P. Fox	Field Representative	
3. ORGANIZATION		**4. TELEPHONE NO. (area code & no.)**
Texas Dept. of Water Resources		(713)479-5981

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
C. A. Thompson	FMC	(713) 474-4171 x 204

C. SITE REPRESENTATIVES INTERVIEWED *(corporate officials, workers, residents)*

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
L. G. Nussbaum	Plant Mgr., (713)474-4171	As above

DATE 5/6/81

SUPERFUND FILE

JAN 24 1992

REORGANIZED

9797572

Continued From Front

III. INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (sources of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
FMC	see over		

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
n/a see below			

F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS
Rollins Env. Svcs.	713/479/6001	Box 609, Deer Park, TX
Malone Co.	713/945-3301	Box 709, Texas City, TX
Empak, Inc.	713/623-0000	200 W. Loop So., Houston, TX

G. DATE OF INSPECTION (mo., day, & yr.)	H. TIME OF INSPECTION	I. ACCESS GAINED BY: (credentials must be shown in all cases)
4/9/81	0900	[X] 1. PERMISSION [ ] 2. WARRANT

J. WEATHER (describe)

Partly cloudy, warm (upper 70s F)

IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER			
b. SURFACE WATER			
c. WASTE		none	
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
	none	

Continue On Page 3

Continued From Page 2

IV. SAMPLING INFORMATION (continued)

C. PHOTOS

1. TYPE OF PHOTOS: [XX] a. GROUND [ ] b. AERIAL

2. PHOTOS IN CUSTODY OF: TDWR

D. SITE MAPPED?

[XX] YES. SPECIFY LOCATION OF MAPS: TDWR Files

E. COORDINATES

1. LATITUDE (deg.-min.-sec.): 29° 37' 30"

2. LONGITUDE (deg.-min.-sec.): 95° 02' 30"

V. SITE INFORMATION

A. SITE STATUS

[XX] 1. ACTIVE (*Those inductrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if intrequently.*)

[ ] 2. INACTIVE (*Those sites which no longer receive wastes.*)

[ ] 3. OTHER (*specify*): _____ (*Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.*)

B. IS GENERATOR ON SITE?

[ ] 1. NO [XX] 2. YES (*specify generator's four-digit SIC Code*): 2869

C. AREA OF SITE (*in acres*): Deveioped 17.0 of 434

D. ARE THERE BUILDINGS ON THE SITE?

[ ] 1. NO [XX] 2. YES (*specify*): Misc. Process and office

VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(*ies*) and details relating to each activity by marking 'X' in the appropriate boxes.

'X'	A. TRANSPORTER	'X'	B. STORER	'X'	C. TREATER	'X'	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT	XX	2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
	4. TRUCK	XX	4. TANK, ABOVE GROUND	XX	4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
XX	5. PIPELINE	XX	5. TANK, BELOW GROUND	XX	5. CHEM./PHYS./TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (*specify*):		6. OTHER (*specify*):		6. BIOLOGICAL TREATMENT	XX	6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (*specify*):
					9. OTHER (*specify*):		

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this for..

[XX] 1. STORAGE [XX] 2. INCINERATION [ ] 3. LANDFILL [XX] 4. SURFACE IMPOUNDMENT [ ] 5. DEEP WELL

[ ] 6. CHEM/BIO/PHYS TREATMENT [ ] 7. LANDFARM [ ] 8. OPEN DUMP [ ] 9. TRANSPORTER [ ] 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

[XX] 1. LIQUID [XX] 2. SOLID [ ] 3. SLUDGE [XXX] 4. GAS

B. WASTE CHARACTERISTICS

[XX] 1. CORROSIVE [XX] 2. IGNITABLE [ ] 3. RADIOACTIVE [XX] 4. HIGHLY VOLATILE

[XX] 5. TOXIC [XX] 6. REACTIVE [ ] 7. INERT [XX] 8. FLAMMABLE

[ ] 9. OTHER (*specify*):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Yes-Inventories and manifests (TDWR files)

 Continue On Reverse

Continued From Front

VII. WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT 9,000	AMOUNT	AMOUNT 5,000	AMOUNT 120	AMOUNT 20
UNIT OF MEASURE	UNIT OF MEASURE gal.	UNIT OF MEASURE	UNIT OF MEASURE gal.	UNIT OF MEASURE drums (55 gal)	UNIT OF MEASURE Drums
(1) PAINT, PIGMENTS	(1) OILY WASTES	(1) HALOGENATED SOLVENTS	(1) ACIDS	(1) FLYASH	(1) LABORATORY, PHARMACEUT.
(2) METALS SLUDGES	XX (2) OTHER(specify): incinerator feed- 95% H_2O 5% organics	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		XX (3) OTHER(specify): gly-still bottoms-3,000 gal. Solid Polymer Slurry-200 gal.	XXX (3) CAUSTICS	(3) MILLING/MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELTING WASTES	(4) MUNICIPAL
(5) OTHER(specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER(specify):
			(6) CYANIDE	XX (6) OTHER(specify): "100"-Reactor cleanout (glycerine prod.) 20-lab sample bottles	Pre-coat slurry (alkylbenzenes)
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER(specify):		

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X') a. SOLID	b. LIQ.	c. VAPOR	3. TOXICITY (mark 'X') a. HIGH	b. MED.	c. LOW	d. NONE	4. CAS NUMBER	5. AMOUNT	6. UNIT
Incinerator Feed		xx	xx	xx					2-3% of 5% organics	
(allyl alcohol)									incinerator feed	
Caustics		xx			xx				5000	gal.
Pre-coat slurry (org. container)	xx	xx				xx			200	gal.

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☐ A. HUMAN HEALTH HAZARDS

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VIII. HAZARD DESCRIPTION *(continued)*

☐ B. NON-WORKER INJURY/EXPOSURE

☐ C. WORKER INJURY/EXPOSURE

☐ D. CONTAMINATION OF WATER SUPPLY

☐ E. CONTAMINATION OF FOOD CHAIN

☐ F. CONTAMINATION OF GROUND WATER

☐ G. CONTAMINATION OF SURFACE WATER

Continue On R

Continued From Front

VIII. HAZARD DESCRIPTION *(continued)*

☐ H. DAMAGE TO FLORA/FAUNA

☐ I. FISH KILL

☐ J. CONTAMINATION OF AIR

☐ K. NOTICEABLE ODORS

☐ L. CONTAMINATION OF SOIL

☐ M. PROPERTY DAMAGE

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VIII. HAZARD DESCRIPTION *(continued)*

☐ N. FIRE OR EXPLOSION

☐ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

☐ P. SEWER, STORM DRAIN PROBLEMS

☐ Q. EROSION PROBLEMS

☐ R. INADEQUATE SECURITY

☐ S. INCOMPATIBLE WASTES

VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING

☐ U. OTHER (specify):

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED 1.	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS	--------	100 (est.)	20	1 mi.
2. IN COMMERCIAL OR INDUSTRIAL AREAS	less than 100 at site	2000 (est.)	34	1 mi.
3. IN PUBLICLY TRAVELLED AREAS 2	4/7/80-24 hr. count= 5,733 vehicles	-----	--	
4. PUBLIC USE AREAS (parks, schools, etc.)	--------	--------	--	

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit)	B. DIRECTION OF FLOW	C. GROUNDWATER USE IN VICINITY
about 105 feet (1973)	SE	Industrial and Municipal
D. POTENTIAL YIELD OF AQUIFER	**E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure)**	**F. DIRECTION TO DRINKING WATER SUPPLY**
unknown	about 1 mile (est.)	NE

G. TYPE OF DRINKING WATER SUPPLY

☐ 1. NON-COMMUNITY < 15 CONNECTIONS XXX 2. COMMUNITY (specify town): Shore Acres > 15 CONNECTIONS

☐ 3. SURFACE WATER ☐ 4. WELL

1. League City and La Porte 7.5 min. Topographic maps (USGS), photo revised 1969
2. Harris County Traffic Engr. (Bay Area Blvd. in plant vacinity)

Continued From Page 8

X. WATER AND HYDROLOGICAL DATA (continued)

H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COMMUNITY (mark 'X')	5. COMMUNITY (mark 'X')
	None			

I. RECEIVING WATER

1. NAME: Taylor Bayou

☐ 2. SEWERS XXX 3. STREAMS/RIVERS ☐ 4. LAKES/RESERVOIRS ☐ 5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

Contact Recreation-Fish propagation

XI. SOIL AND VEGITATION DATA

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE ☐ B. KARST ZONE XX C. 100 YEAR FLOOD PLAIN ☐ D. WETLAND

☐ E. A REGULATED FLOODWAY ☐ F. CRITICAL HABITAT ☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

'X'	A. OVERBURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
XX	1. SAND				
	2. CLAY				
XX	3. GRAVEL				

XIII. SOIL PERMEABILITY

☐ A. UNKNOWN ☐ B. VERY HIGH (100,000 to 1000 cm/sec.) ☐ C. HIGH (1000 to 10 cm/sec.)

☐ D. MODERATE (10 to .1 cm/sec.) XXX E. LOW (.1 to .001 cm/sec.) ☐ F. VERY LOW (.001 to .00001 cm/sec.)

G. RECHARGE AREA

☐ 1. YES XXX 2. NO 3. COMMENTS:

H. DISCHARGE AREA

☐ 1. YES XXX 2. NO 3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE: less than 1

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.: SE; undissected coastal plain

J. OTHER GEOLOGICAL DATA

Continued From Front

XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X') 1. YES	2. NO	3. UNKNOWN
Texas Clean Air Act	TACB	C-6532	8/16/78	See note on incinerator	C/L		
	"	HG-0245-H	"				

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☒ NONE ☐ YES (summarize in this space)

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition *(Section II)* information on the first page of this form.

SURFACE IMPOUNDMENTS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain as Necessary.

1. TYPE OF IMPOUNDMENT
At-Grade, "Dirty" stream BOD pond; a holding pond prior to movement (by pipeline) to Gulf Coast Waste Disposal Authority Bayport WWT facility.

2. STABILITY/CONDITION OF EMBANKMENTS
Dike appears well-compacted, is grass-covered, and has no evidence of instability

3. EVIDENCE OF SITE INSTABILITY *(Erosion, Settling, Sink Holes, etc.)*
☐ YES ☒ NO

4. EVIDENCE OF DISPOSAL OF IGNITABLE OR REACTIVE WASTE
☒ YES ☐ NO Records indicate Peroxide residues entering pond, but no visual indication of any reactions in pond.

5. ONLY COMPATIBLE WASTES ARE STORED OR DISPOSED OF IN THE IMPOUNDMENT
☒ YES ☐ NO

6. RECORDS CHECKED FOR CONTENTS AND LOCATION OF EACH SURFACE IMPOUNDMENT
☒ YES ☐ NO

7. IMPOUNDMENT HAS LINER SYSTEM
☐ YES ☒ NO

7a. INTEGRITY OF LINER SYSTEM CHECKED
☐ YES ☐ NO

7b. FINDINGS

8. SOIL STRUCTURE AND SUBSTRUCTURE
Soil data available only for plant proper; however, area is characterized by clay-rich soils.

9. MONITORING WELLS
☐ YES ☒ NO by November, 1981.

10. LENGTH, WIDTH, AND DEPTH
LENGTH WIDTH DEPTH 4.5'

11. CALCULATED VOLUMETRIC CAPACITY
BOD pond ≅ 0.5 million gal.

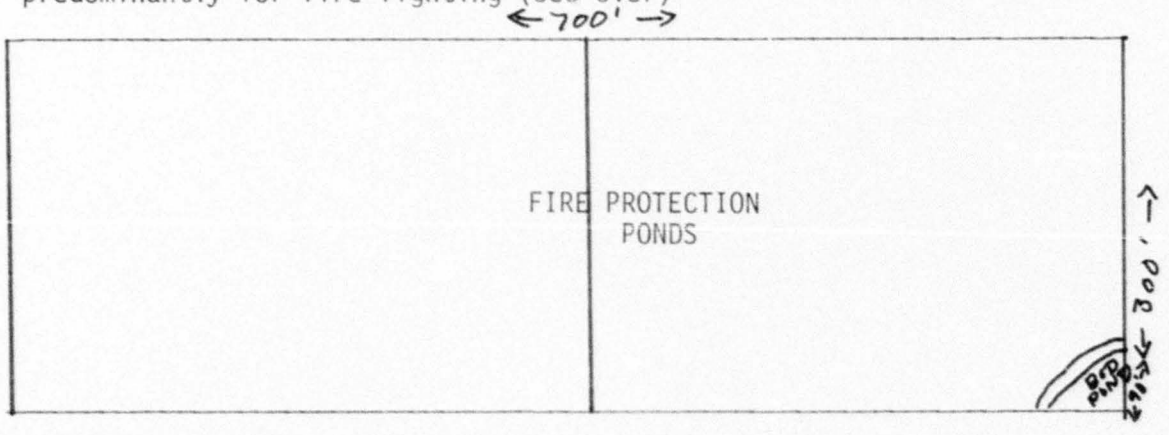
12. PERCENT OF CAPACITY REMAINING
Allowing for 2' freeboard, approximately 5-10%

13. ESTIMATE FREEBOARD
greater than 2'

14. SOLIDS DEPOSITION
☐ YES ☒ NO

15. DREDGING DISPOSAL METHOD
None

16. OTHER EQUIPMENT
Item 10: "BOD" pond is a segment of FMC's surface impoundment system, which is predominantly for fire fighting (see over)



STORAGE FACILITIES SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain as Necessary.

1. STORAGE AREA HAS CONTINUOUS IMPERVIOUS BASE
XX YES ☐ NO Concrete

2. STORAGE AREA HAS A CONFINEMENT STRUCTURE
XX YES ☐ NO Curbs or dikes

3. EVIDENCE OF LEAKAGE/OVERFLOW *(If "Yes", document where and how much runoff is overflowing or leaking from containment)*
☐ YES XXX NO

4. ESTIMATE TYPE AND NUMBER OF BARRELS/CONTAINERS
140 55-gal. drums; 20 1 quart to 1 gal. lab sample bottles.

5. GLASS OR PLASTIC STORAGE CONTAINERS USED
XX YES ☐ NO

6. ESTIMATE NUMBER AND CAPACITY OF STORAGE TANKS
See attached list

7. NOTE LABELING ON CONTAINERS
Drums are properly labelled IAW EPA/DOT requirements

8. EVIDENCE OF LEAKAGE CORROSION OR BULGING OF BARRELS/CONTAINERS/STORAGE TANKS *(If "Yes", document evidence. Describe location and extent of damage. Take PHOTOGRAPHS)*
☐ YES XX NO

9. DIRECT VENTING OF STORAGE TANKS
☐ YES XXX NO

10. CONTAINERS HOLDING INCOMPATIBLE SUBSTANCES *(If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)*
☐ YES XX NO

11. INCOMPATIBLE SUBSTANCES STORED IN CLOSE PROXIMITY *(If "Yes", document evidence. Describe location and identity of hazardous waste. Take PHOTOGRAPHS.)*
☐ YES XX NO

12. ADEQUATE CONTAINER WASHING AND REUSE PRACTICES
☐ YES ☐ NO n/a

13. ADEQUATE PRACTICES FOR DISPOSAL OF EMPTY STORAGE CONTAINERS
XX YES ☐ NO

Table III-4 Hazardous Waste Facility Components List

Facility Component		Status			Design Capacity			Number of Years Utilized	Date in Service
Name	TDWR Seq. No.	Inactive	Active	Proposed	(cu yds)	(gal)	(lbs)		
Tank (T-6428) ABOVE-GROUND; CLOSED VENT	7		X			10,250		1	1979
Verbal Description: Waste caustic storage tank for temporary storage before disposal									
Tank (T-6701) ON-GROUND; CLOSED VENT TO INCINERATOR			X			20,000		1	1979
Verbal Description: Catch tank for contaminated oil from decanter for recycling									
Drum Storage Area			X						1980
Verbal Description: Storage area for drums containing used filter cartridges and filter precoat contaminated with oil									
Verbal Description:									
Verbal Description:									
Verbal Description:									

Table III-4 Hazardous Waste Facility Components List

Facility Component Name	TDWR Seq. No.	Status: Inactive	Active	Proposed	Design Capacity: (cu yds)	(gal)	(lbs)	Number of Years Utilized	Date in Service
Tank – ON-GROUND; CLOSED VENT	1		X			5700		12	1968
Verbal Description: Surge tank for off-site disposal of glycerine still bottoms									
Tank ON-GROUND; OPEN VENT (NON VOLATILE, H_2O SLURRY)	3		X			34,200		0	1980
Verbal Description: Storage tank for polymer waste until disposed off-site									
Tank ABOVE-GROUND; CLOSED VENT TO INCINERATOR	4		X			16,920		12	1968
Verbal Description: Surge tank for aqueous wastes going to the incinerator									
Basin	4		X			950		12	1968
Verbal Description: Collection sump for aqueous wastes going to the incinerator									
Incinerator	4 & 8		X				276,000 lbs/day	12	1968
Verbal Description: A natural gas fired incinerator burns organic contaminated aqueous wastes,									
Flare			X				2400,000 lbs/day	12	1968
Verbal Description: A natural gas fired flare burns organic vapors,									

INCINERATORS SITE INSPECTION REPORT
(Supplemental Report)

INSTRUCTION
Answer and Explain as Necessary.

1. INCINERATION OF ALL SUBSTANCES APPROVED BY REGULATORY AGENCY

XX YES ☐ NO

LIST ALL SUBSTANCES INCINERATED, INDICATING WHETHER OR NOT APPROVAL EXISTS.

3 streams: 1) Incinerator feed:
a) 95% H_2O
b) 5%-allyl alchohol, acetic acid; intermediates

2) Vapor stream:
Vents from process headers: allyl alchohol, acetic acid, intermediates

3) Oil-recovered from process, "dirty" stream

2. COMBUSTION EFFICIENCY MONITORED

XX YES ☐ NO *(Explain)* CO_2/CO, Heat value

3. TEMPERATURE, GAS FLOW, RETENTION CALCULATIONS, AND COMBUSTION ZONE MONITORED

☐ YES XXX NO

4. MONITORING EQUIPMENT FUNCTIONING PROPERLY

XX YES ☐ NO

5. ADEQUATE MAINTENANCE OF EMISSION CONTROL EQUIPMENT

XX YES ☐ NO

6. MONITORING PORTS IN INCINERATOR *(Indicate Position)*

XX YES ☐ NO

Burner head

7. WASTE FLOW RATE MONITORED

XX YES ☐ NO

8. CUT-OFF DEVICE FUNCTIONING PROPERLY

XX YES ☐ NO

9. STACK TEST

XX YES ☐ NO

9a. EPA METHOD

Visual only

9b. AGENCY CONDUCTING TEST

n/a

9c. DATE

10. ADEQUATE METHOD FOR DISPOSAL OF SCRUBBER LIQUOR WASTEWATER *(Deacribe)*

☐ YES ☐ NO

Not applicable-no scrubber

11. ADEQUATE METHOD FOR DISPOSAL OF ASH QUENCHING WASTEWATER OR ASH *(Describe)*

☐ YES XXX NO

12. TYPE OF SCRUBBER MEDIUM

n/a

13. TYPE OF SCRUBBER

none

14. MIST ELIMINATOR

☐ YES XX NO

Continued on reverse

15. OPACITY READING TAKEN

XX YES ☐ NO VALUE Visual only.

16. WET STACK

☐ YES ☒ NO

17. STACK HEIGHT

143' above gr

18. STACK DIAMETER

4' 9" I.D. at top

19. CONSTRUCTION MATERIAL OF STACK

lined A. T. Green "Gun Mix"-Kastlite: 1.5" at top + additioral at bottom; steel outer jacket.

20. PERMIT LIMITS

Permit is presently in review stage; company is operating under construction permit.

EMISSION LIMITS

Not defined to date.

21. TYPE OF EQUIPMENT

21a. MAKE John Zinc

21b. AGE 12 years

21c. CONDITION good